



DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF WATER POLLUTION CONTROL
401 Church Street, 6th Floor L & C Annex, Nashville, TN 37243
(615) 532-0625

TN0005622
P5H

NOTICE OF INTENT (NOI)
WATER TREATMENT PLANT DISCHARGE PERMIT

5474 Highway 20 N

Facility Name:	CLAIBORNE COUNTY WTP-NEW TAZEWE	County:	Claiborne
Street Address or Location:	271 Water Works Lane	Latitude:	36.425556
		Longitude:	-83.589722

* All entries must be in ink. * Attach a copy of U.S.G.S. topographical map, a city map, or a county map, identifying the location of this facility. * This NOI must be signed by a responsible corporate officer for a corporation, a general partner for a partnership, the proprietor for a sole proprietorship, or a principal executive officer or ranking elected official for a public agency. * If this NOI is submitted because of new operator or to update facility information (such as name of facility, new official contact person name, new E-mail address, etc.), provide the existing permit tracking number: _____

Owner or Operator: (the person or legal entity which controls facility's operation; this may or may not be the same as the site name or the official contact name)

1	Official Contact Person Name: (individual responsible for a facility)	Title or Position:		
	Mr. Michael Petty	Superintendent		
	Mailing Address:	City:	State:	Zip:
	PO Box 606	New Tazewell	TN	37825
	Phone:	E-mail:		
	(423) 626-5102	ccodwtp@yahoo.com		

2	Local Contact Person Name: (if appropriate, write "same as #1")	Title or Position:		
	Michael L. Petty	CHIEF OPERATOR		
	Facility Address: (this may or may not be the same as street address)	Facility City:	State:	Zip:
	271 WATER WORKS LN	NEW, TAZEWE	TN	37825
	Phone:	E-mail:		
	()	ccodwtp@yahoo.com		

Write in the box (to the right) or circle the number (above) to indicate where to send correspondence: _____

PROCESS DESCRIPTION (Reply on a separate page, if necessary)

Name of surface waters receiving the discharge (and the mileage point, if available).

BALL CREEK

A description of the source of the raw water; if surface water is used, include the distance the plant is located from the intake point; if the source is groundwater, include the number and depth of wells.

POINT 30 NORTH LAKE 5 MILES

A description of the plant, i.e. iron removal, manganese and/or turbidity removal, and a list of any additives used in the water treatment process, such as coagulant, oxidizing enhancers, etc.

TURBIDITY REMOVAL, ALUM, SODIUM HYDROXIDE FOR PH ADJUSTMENT

Design capacity of treatment plant in million of gallons per day (MGD): 2.2 Number and volume of sedimentation basins: 2, 179,520 EACH

Average flow of finished water production in MGD over 12 months prior to submission of the NOI: 1.7 MGD

Filter backwashing. Number of filter backwashed: 4 Frequency for each filter: 3 times per week. Amount of water used to backwash: 29,000 for each filter. Frequency sedimentation basin is washed out: 1 times per year. Amount of water used to wash out the largest sedimentation basin: 1000 gallons. Describe type of treatment provided for backwash and sedimentation basin washwaters and the design capacity of the treatment system.

FINISHED OR TREATED WATER. 2.2 MGD

Water is released from the backwash settling basin 2 times per week for 2 hours per release and a volume of 10,000 gallons per release. For existing facility, give averages from last 12 months of operation. For new facilities, indicate "not available." Describe more fully, if necessary.

A description of how sludge from the settling processes are disposed, for example, landfill, land applied, etc.

LAND APPLIED ON SITE

CERTIFICATION AND SIGNATURE

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Michael L. Petty	CHIEF OPERATOR	Michael L. Petty	1-31-2011
Printed Name	Official Title	Signature	Date

STATE USE ONLY

Received Date	Domestic Water Supply Use	Protective for Lead Conc.	Tracking No. TN0005622	EFO Knoxville
Issued/Receiving System	High Quality Water	T & E Aquatic Fauna	NOC Date	Reviewer

RECEIVED

FEB 03 2011

Submit the original completed and signed form to: the Above Nashville Address



Map provided by MyTopo.com

